

Dr. H. Braz

Fordingbridge Rural District Council

Sanitary Authority.



ANNUAL REPORT

FOR THE

Year ending, December 31st, 1920,

BY THE

Medical Officer of Health

TO THE

FORDINGBRIDGE UNION.



Annual Report of the Medical Officer of Health of the Fordingbridge Rural District, for the year 1920.

In compiling my Report, I have, so far as possible, followed the Memorandum of the Ministry of Health (Memo. 40/Int.)

AREA AND POPULATION.

The area is the same as in former years, and is estimated at 728 square miles altogether.

The population in the Census of 1911 was 6,445 souls. The estimated population in 1920 was 5,736 souls.

The physical features of the district remains the same as in former years. Very much of it is forest land, very sparsely populated; and a good deal is also down land and heather country, also very sparsely populated. The more thickly inhabited parts of the district are situated in the valleys, generally contiguous to water, and hence to a great extent following the course of the Wiltshire Avon and its tributaries. The subsoil is chiefly gravel in the valleys, with areas of clay; and the more hilly parts, especially towards the downs, have a subsoil of chalk.

Social conditions.—The population is chiefly agricultural. There are only a few comparatively small commercial undertakings carried on in the district, and they do not influence the public health in any way.

Hospitals and other institutions for medical relief are freely used. These have up to the past year been gratuitous; they have now instituted a small weekly charge except in absolute necessitous cases, as it was otherwise found impossible to carry on. The chief Hospitals for the district are Salisbury Infirmary and Boscombe Hospital. There is a small local hospital of 5 beds, which does a useful local work.

Poor Relief.—Out Relief for the whole year was £1,040 17s. 0½d., as compared with £813 16s. 6d. for 1919. Medical Out Relief remains light, owing to the National Insurance Act.

VITAL STATISTICS.

The Birth-rate is 141 as against 100 in 1919, 74 in 1918, and 96 in 1917. This is a most satisfactory feature, and is the highest since 1911. Seven of the births were illegitimate as against 13 in 1919, 8 in 1918, 7 in 1917, and 6 in 1916. This shows a very satisfactory fall in this particular feature of social life as compared with 1919.

All the births registered actually occurred in this area, and there are 41 more than in 1919, 67 more than in 1918, and 45 more than in 1917. There were 69 males and 72 females born.

This birth-rate amounts to 24·5 per 1,000 of the population estimated to be 5,736 souls for the purpose of the birth-rate. This compares very favourably with the birth-rate per 1,000 of 12·2 in 1918, 16·1 in 1917, and shows a tremendous recovery in this particular, which, I believe, is often noticed after a long and devastating war.

The Death-rate is 63. 54 deaths actually occurred in the district as compared with 81 in 1919 and 89 in 1918. The correct returns show 63 deaths as belonging to the district (there were 9 *Inward Transfers* and no *Outward Transfers*); this corrected return is 28 less than in 1919, and 23 less than in 1918.

The death-rate per 1,000 is 10·9 as against 16·4 in 1919, and 16·1 in 1918, and is the lowest since 1912 when it was 9·9, the same as in 1910.

Hence, we have a very improved birth-rate, 24·5 as against 17·4 in 1919, and a very satisfactory death-rate, 10·9 as against 16·4 in 1919; a rise of 7·1 per 1,000 in births and a fall of 5·5 per 1,000 in deaths, a total gain of 12·6 per 1,000. This is a very satisfactory record, after the very depressing Vital Statistics which have been prevalent during the years of and immediately after the war.

There are no deaths recorded as due to *Diarrhæa*.

29 of the deaths occurred in the first half of the year and 34 in the second half. The practical absence of Influenza in the first half of the year accounts for the light mortality, respiratory diseases being very absent, only 5 deaths from all respiratory troubles being recorded for the year. December showed the highest mortality with 13 deaths recorded. The next highest was October with 7 deaths.

The first $\frac{1}{4}$ of the year shows 14 deaths, the second $\frac{1}{4}$ 15 deaths, the third $\frac{1}{4}$ 12 deaths, and the fourth $\frac{1}{4}$ 22 deaths.

There was 1 *Uncertified Death* in an elderly man of 77 years, apparently due to Syncope.

Of the 63 deaths, 36 were males and 27 females.

25 were 70 years or over that age (16 males, 9 females).

5 were 80 years or over that age (4 males, 1 female).

1 was 92 years of age, a male

The 25 deaths over 70 years of age averaged 77·6 each, the 16 Males averaged 78·3 years each and the 9 Females 76·5 years each. All the averages are much lower than last year, and the total number of deaths over 70 years is much smaller than last year (25 as against 40). Once more one notices that the number of senile Male deaths much exceed the Female, which is contrary to the rule.

29 of the total number of deaths were at the two extremes of life, *i.e.* above 70 and under 1 year of age. 43 deaths were above 60 and below 1 year of age, leaving 20 deaths to be distributed over the intervening 59 years. This number for the intervening 59 years is 15 less than last year; but then the total death-rate is so much lower, as there was no Influenza epidemic to carry people off in the prime of life.

Infantile Death-rate.—This is 28·3 per 1,000 of the births, as against 50 in 1919, 54 in 1918, 85·1 in 1917, 73·3 in 1916, 98·2 in 1915, and 118·6 in 1914, certainly a highly satisfactory record.

One infant lived 1 month, one 4 days, one 22 hours, and one 6 hours. All four were due to Congenital debility.

Zymotic Death-rate is absolutely nil—as there was no fatal Influenza.

Cancer Death-rate.—This is very heavy, being 15 in all (9 males and 6 females) as against 8 for 1919, making the average for the past 8 years 9·1 as against 8·2 for the 7 years before. Four of the cases were due to *Cancer of the Stomach*, two *Cancer of the Pancreas*, two *Cancer of the Bowel*, one *Cancer of the Liver*, two of the *Breast*, one of the *Lung*, one of the *Ovary*, one of the *Uterus*, and one of the *Bladder*.

Tuberculous Deaths.—5 deaths are recorded as compared with 2 in 1919, 8 in 1918, 10 in 1917, 3 in 1916, 6 in 1915, and 7 in 1914 and 1913. Three of the deaths were males, 55, 36, and 24 years of age, and two were females, 41 and 35 years of age. I think there is no doubt that Phthisis is decidedly less common in the district than it used to be.

Other Respiratory Disorders.—The number of deaths recorded under this heading is 5 as compared with 13 in 1919, 7 in 1918, and 10 in 1917. No doubt the absence of Influenza accounts for this very light pulmonary death-rate. Two of the five cases were due to *Bronchitis*, two to *Pneumonia*, and one to old *Pleurisy*.

Heart Disease.—7 deaths are recorded as against 10 in 1919, 13 in 1918, and 12 in 1917.

The generally low record of mortality under all the above headings with the exception of Cancer, certainly points to an abnormally healthy year in this sanitary district.

PREVALENCE OF INFECTIOUS DISEASE.

Exclusive of Tuberculosis, 29 cases are notified as against 46 cases in 1919, 14 in 1918, 19 in 1917, 20 in 1916, and 34 in 1915. Seventeen of the notifications were Scarlet Fever, three Diphtheria, three Erysipelas, one of Encephalitis Lethargica, one of Pneumonia, three Malaria, and one Ophthalmia Neonatorum.

Diphtheria.—3 cases are reported as compared with 9 in 1919. All three cases were very mild and made a satisfactory recovery. The premises were visited and disinfected as soon as the case was declared free of infection.

Scarlet Fever.—17 cases are reported as compared with 10 in 1919. Eleven of the cases occurred in four families, 3 families having two cases, and 1 family five cases, the other six cases were distributed amongst six families. Seven of the cases were removed to Salisbury Isolation Hospital, in houses where I could not be satisfied as to isolation or other precautions; in the other 10 cases isolation, etc., was successfully carried out at home. 9 of the total number of cases occurred at Martin, and it looked as though there was going to be an epidemic there—so that I closed the Day and Sunday Schools as from mid-day, September 15th, until I was satisfied that the danger of an epidemic was over. Those houses from which the patients were removed to the Isolation Hospital were disinfected immediately after their removal, and the other houses at the termination of the cases. The use of the Salisbury Isolation Hospital is increasingly frequent.

Erysipelas.—Three simple cases occurred.

Ophthalmia Neonatorum.—One case is recorded which recovered without any permanent consequences.

Encephalitis Lethargica.—One fatal case is recorded in a young married woman of 38 years. All necessary information as to the case, which was asked for from London, was given. Direct examination of C.S. fluid and plate cultration after incubation both gave negative results.

Pneumonia.—One case was notified in a young man, which ran a very violent course, but eventually recovered.

Malaria.—Three cases are recorded, all in men who had served abroad, as against 15 in 1919. I find that most of the men who contracted the disease whilst abroad with the forces, suffer from relapse or recurrence when the weather is damp or changeable.

Measles.—The epidemic which was noted in 1919 still continued to reappear during the past year, and there were outbreaks at Martin, Damerham, Fordingbridge (chiefly Burgate, where many children go to Breamore School), Breamore and North and South Charford. Where the school attendance was sufficiently affected, I closed the schools for sufficient time to give the epidemic a chance of dying out, although I think in many cases the closure of the school leads to further outbreaks as the children are free to play about together all day, and it is almost impossible to prevent those who are still infectious, mixing with those who have not had the disease. There have been practically no complications amongst those patients who contracted the disease, and the cases all ran a satisfactory course.

There has been a rather wide-spread epidemic of Chickenpox, and a few cases of Whooping Cough and Ringworm have been recorded, and there has been an outbreak of Mumps in Fording-bridge.

Tuberculosis.—11 cases were notified during the year as compared with 8 in 1919 and 12 in 1918. Eight of the cases were notified as *Pulmonary*, one was *Tuberculosis of the Face*, one of the *Abdomen*, and one of the *Knee*. As before noted there were 5 fatal cases during the year 1920.

The list of general notifications is very low, indeed, only 29 as compared with 132 in 1919, but all but 46 of those were Measles.

Control of Infectious Diseases.—There is nothing particular to record under this heading, as all the measures for prevention of epidemics and disinfection after infectious disease are systematically carried out, and are of the same nature as reported under last year.

Venereal Disease.—The occurrence of these diseases is still very rare, although I have noticed more cases during the past year than formerly. Such cases as have occurred are treated at one or other of the General Hospitals.

Small-pox.—No cases have occurred, and Vaccination shows the same slight increase as in 1919—fifteen cases occurring again in my Public Vaccinations Register. No Vaccinations or Revaccinations have been performed by me under the Public Health (Small-pox Prevention) Regulations, 1917.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water.—The supply throughout the district is from wells, mostly of a greater or less depth; a few are surface wells, particularly round the forest, and are fed by surface springs. There have been two cases of complaint as to contamination of the water supply, in one case nothing was found to be wrong with the water, and in the other it was found to be badly contaminated with sewage—in this case I inspected the premises and found that the nuisance was caused by a defective drain pipe from the scullery which ran close to the well, and by representing the case to the owner, eventually got the matter set right. Five water certificates for new houses were granted after I had tested the water and found it good.

Rivers and Streams.—The contamination of these water-courses, although still present to some extent, is a great deal less than it used to be.

Drainage and Sewage.—This is entirely by means of cesspools on the premises, in cases where water closets are used. There has been no case of Typhoid Fever in the district during the year 1920.

Closet Accommodation.—As the greater part of the district is housed by low-rented houses, the chief closet accommodation is by earth closets, with an easily emptied bucket. The old-fashioned vault has practically disappeared from the district. Water closets exist in the higher rented houses.

Scavenging.—This is systematically carried out in the Fording-bridge Town area and has worked much more smoothly since the District Council have had their own horse and cart. The receptacles in which the ashes and refuse (solid and liquid) are placed for the collectors to pick up, are still, in many cases, of a most unsatisfactory nature.

Sanitary Inspection of District.—This has been more satisfactory than was the case during the war, although the frequent changes of Inspector of Nuisances rather militate against systematic work. The work performed by the Inspector of Nuisances during the year 1920, will be seen on table V. There are no lodging houses, underground sleeping rooms, or offensive trades in the district.

Schools.—The sanitary condition and water supply of the schools in the district remain fairly satisfactory. The schools are periodically visited by the Sanitary Inspector and I have received no complaints from him.

The schools are closed in case of epidemics when the outbreak is sufficiently wide-spread to warrant this action.

The inspection of scholars by the Medical Officers sent by the County Medical Officer of Health, still bears good fruit, in the number of cases of Tonsils, Adenoids, Teeth, Defective Vision, etc., which are thus brought under treatment—and the parents are much more open to recognise the advantage to the children from these inspections, and in many cases look forward to them.

FOOD.

(A). *Milk Supply.*—Three reports of dirty milk taken from milk vendors' shops were received in the course of the year. I visited the shops and told the vendors of the report, and informed them that if the complaint occurred again I should have to ask them for the producers' names; and that the District Council would be advised to proceed against them. As a rule the milk supply of the district is of a high quality, and great quantities are sent daily to London, Salisbury, and Bournemouth; but no milk is imported into the district. Milk is distributed locally by milk carts delivering to the consumers' doors.

The periodical inspection of Dairies and Cowsheds is carried out, and whitewashing in the spring and autumn are insisted on. 72 inspections were made, 4 defects were found, and all rectified on informal notice from the Inspector.

There were two outbreaks of Anthrax on a farm in the district during the month of June, and I watched the cases together with the police; the disease was stamped out quickly, only the two originally infected animals being affected; they were destroyed and buried with all necessary precautions.

No cases of Tuberculosis, either in cattle or milk, have come to my notice during the year.

Milk (Mothers and Children) Order, 1919.—This is still under the superintendence of the Hants County Council.

(B). *Meat.*—(I.) Meat inspection has been carried out, and 113 lbs. of mutton were condemned as unfit for human consumption, owing to the filthy state of the meat due to dirty and insufficient covering, the carcasses having apparently scratched along the floor of every vehicle that they had been carried in. Compared with 1919, the supply of meat has been much better, no actually diseased animals having come to my notice.

(II.) There is no public abattoir in the district. The private slaughter-houses are periodically inspected, 8 inspections being reported. 1 defect was found, which was remedied on the informal notice of the inspector.

(III.) No meat has been condemned for Tuberculosis.

(C). *Other Foods.*—The bake-houses have been periodically inspected, 10 inspections being recorded for the year, and no defects were found. No other unsound food has been reported.

(D). There have been no cases of food poisoning in the district.

(E). *Sale of Food and Drugs Act.*—Under this heading 22 specimens of various sorts of food were taken for analysis and were all found to be genuine.

Maternity and Child Welfare.—(1). The inspection of Midwives and visiting of mothers after the Maternity Nurse has left them is carried on through the County Health Visitors.

(2). There is a Local Baby Welfare Centre which is carried on by a voluntary ladies' committee, and a Medical Inspector is periodically sent from the County Council to make suggestions, inspect the babies, and sometimes to give the mothers informal lectures on the care of children, etc.

(3). The incidence of disease connected with maternity and childhood is noted under the heading "Prevalence of Infectious Disease."

Sanitary Administration.—(1). The only Officer under me is the Inspector of Nuisances : and I have to record another change in this department—the Inspector who served for the greater part of 1920, leaving for a better position in the autumn, when a stop-gap had to perform necessary duties for some weeks. It is needless to say that these very frequent changes militate against any regular plan or campaign in a very serious manner.

(2). Hospital Accommodation for infectious disease consists in sending cases to the Isolation Hospital at Salisbury, and I am glad to say that the system works well and is increasingly made use of, as noticed under “Scarlet Fever.”

(4). Any suspected pathological specimens such as sputum, swabs, hairs, etc., are sent to the County Laboratory and a report received in a very short time, which enables me to act with certainty and often save unnecessary expense.

HOUSING.

I. General housing conditions in the District.

(1). *The estimated total number of houses* in the district is 1,647, of which number 1,390 are for the working classes (*i.e.* of a rental of £16 per year or less) Five new houses were built in the district during the year 1920.

(2). (A). There is a shortage of houses in this district as throughout the Kingdom.

(B). 42 new houses have been started by the *District Council* at Fordingbridge, Breamore, Woodgreen, Damerham and Martin. 8 are already inhabited at the time of writing this Report.

(3.) The population remains very much the same, and there are no changes present or anticipated in the district, likely to materially increase or diminish it in the future.

II. Overcrowding.

(1.) *Extent.*—This is not a marked feature in the district, although a certain number of cases occur every year. 4 cases are notified in the report of the Sanitary Inspector, 3 had informal notices from the Inspector, 1 formal notice from the District Council, and 1 of the informal notices and the Council's formal notice were obeyed and 2 cases remain unabated, owing to the shortage of suitable houses. I fear that the new cottages are not likely to help this matter much, for in the first place they are too highly rented for the average working man, and in the second place they are disappointingly small.

(2.) *Causes.*—Growth of families, a large number of children is a common state of affairs in the district, and there seems to be no means or measures taken to enlarge existing cottages—and at present there are no larger ones to go into.

(3) *Measures taken to deal with this defect.*—Erection of new Council Cottages, which as I have already remarked, I fear will fail to do much good.

(4). *Cases dealt with during the year.*—These are dealt with under (1). “Extent of overcrowding.”

III. Fitness of Houses.

(I.) (A). *General standard of housing in the district* is poor, and it is to be hoped that eventually the new cottages will enable many of the unfit cottages to be closed, by releasing better houses, owing to tenants, able to pay the higher rent of the new cottages, vacating others more fit for the working man.

(B). *General character of defects.*—As a general rule this is due to the houses being delapidated and old and often damp and filthy. Of course there are no damp courses in any of the old structures, and the damp soaks up from the ground often many feet up the walls. Want of proper ventilation is also a feature in the cases.

(C). In many cases the defects could be made better by the owners, but at present the high cost of repairs, high rates and low rents makes it almost impossible for owners to do much, and in many cases they would prefer to close the cottage.

(2). *General Action taken as regards unfit houses.*—This is set out in detail under Table V. attached hereto. Everything is in abeyance owing to the high cost of repairs, and the prospective completion of the new council cottages.

(3). *Difficulties in dealing with unfitness.*—See above.

(4). *The water supply* in the district is mainly by a separate well to each tenement, and taken as a whole the water supply is remarkably good and free from contamination.

Closet accommodation and refuse disposal are dealt with under the head of “Sanitary circumstances of the district.”

IV. Unhealthy Areas.

These are not a marked feature of the district, although in many instances houses lie low and are subject to flood in wet winters, but excessive floods are not so frequent as they used to be.

V. Bye-laws for Lodging Houses, etc.

Do not exist.

VI. General and Miscellaneous.

As will be gathered from the above Report, action under the Housing Question is generally in abeyance and waiting sundry developments.

VII. Appendices.

Statistics for 12 months ending December 31st, 1920.—These are set out in the summary of work done by the Sanitary Inspector, Table 1, attached hereto.

At the time of closing my Report the health of the district remains exceptionally good and almost free of Infectious Disease.

HERBERT V. RAKE,

*Medical Officer of Health to the Fordingbridge
Rural Sanitary Area.*